November 12, 2024

Richard Patrick
FICEMS Chairperson
c/o Office of Emergency Medical Services
National Highway Traffic Safety Administration
U.S. Department of Transportation
1200 New Jersey Avenue, Southeast
Washington, DC 20590

Dear Mr. Chairperson,

On behalf of the National Emergency Medical Services Advisory Council (NEMSAC), we are writing to encourage the Federal Interagency Committee on EMS (FICEMS) and relevant FICEMS members to prioritize and expedite solutions to address the national crisis of increased ambulance patient offload times (APOT), otherwise known as "ambulance patient offload delay (APOD)," "wall time," "parking," or "delayed offload," among many other similar terms. This is the time between when the ambulance arrives at the receiving facility (i.e. hospital) and when the patient is handed off to the receiving facility staff.

Extended APOT times cause significant delays in the transition of care from the EMS service to the healthcare facility, leading to compromised patient care, diminished patient experience, disruption to continuity of EMS services, threats to public safety and the EMS safety net, increased costs for the provision of EMS services, worsening financial strain for EMS agencies, an increase in moral injury, burnout, and mistreatment of EMS clinicians, and overall suffering morale which further exacerbates EMS recruitment and retention woes (Alley, 2022). While EMS agencies are held "on the wall," patients are experiencing critical delays in initiating care, both for the patient on the EMS stretcher in the hospital and for the patient on the other end of the 911 phone call waiting on EMS arrival.

The crisis of extended APOT and delays is not new, having been addressed via the Centers for Medicare and Medicaid Services (CMS) since 2006 through clarifying guidance, memorandums, and letters regarding obligations under the authority of the Emergency Medical Treatment and Labor Act (EMTALA) (Centers for Medicare and Medicaid Services, 2006), (Centers for Medicare and Medicaid Services, 2008). Simply stated, emphasizing only the obligations under EMTALA as the primary motivating factor for hospitals to expedite the EMS handoff process is not working, and in fact, the problem continues to worsen. Furthermore, enforcement relies

entirely upon complaints, and EMS agencies may perceive numerous barriers to prompting an EMTALA investigation at partner hospitals.

The NEMSAC believes that APOT and offload delays have reached a critical tipping point and threaten the EMS safety net across the country and must be urgently addressed. NEMSAC also believes that the primary driving factor for increased APOT and "offload delays" is hospital and ED overcrowding and the ED boarding crisis, which is defined as the practice of electing to keep admitted patients in the ED, after the decision to admit the patient. The impact of this crisis trickles downstream to EMS and directly impacts EMS' ability to provide care to their community.

In November 2022, the American College of Emergency Physicians (ACEP) and 34 other organizations sent a letter to the President to invite impacted stakeholders to develop long-term solutions (American College of Emergency Physicians, 2022). Simultaneously, ACEP convened a Summit with 14 private and public stakeholder organizations in September 2023 to evaluate and analyze the causes of ED boarding (American College of Emergency Physicians, 2023). It was noted that "improper EMS reimbursement" and lack of reimbursement for EMS care coordination and navigation outside of transport to an ED was mentioned as one of the multiple drivers. Additionally, in December 2023, Secretary Becerra from the Department of Health and Human Services wrote a three-page letter charging the Agency for Healthcare Research & Quality (AHRQ) "to use its unique statutory authority to improve healthcare nationwide and its ability to work with HHS partners to convene a "multistakeholder" Director's Roundtable" (Becerra, 2023). The timeline was set at six months from December 2023, with action items targeted toward AHRQ and CMS, and that Roundtable occurred in May 2024. Additionally, the AHRQ sponsored an ED Boarding Summit in October 2024, with dozens of stakeholders invited with panel discussions, audience question and answer, and breakout sessions with targeted discussion items for actionable change.

While NEMSAC as well as the EMS community at large is appreciative of the efforts and attention focused toward reducing EMS wall times and delayed APOT, actionable change has been slow. Understanding this problem has been present for many years and continues to worsen, EMS is now at a critical tipping point today where many communities around the country have reduced emergency response capabilities and emergency preparedness because of EMS patient offload delays in the hospitals.

At the August 2024 NEMSAC meeting, the Council voted to move forward with an Advisory titled "Strategies to Address the Crisis of Increased Ambulance Patient Offload Times." This Advisory will outline and define the scope of the crisis further and provide additional recommendations to FICEMS to address this matter long-term and more definitively.

Meanwhile, to urgently address this crisis today and start moving forward with immediate action items, as well as to address the primary causal factor underlying increased APOT, the NEMSAC suggests the following recommendations:

- **Recommendation 1:** Requesting that FICEMS member DHHS ask AHRQ to expedite the publication of the proceedings, action items, and/or summary of ED-related activities

and engagements from the Roundtable in May 2024 and the ED Boarding Summit in October 2024.

- **Recommendation 2:** Requesting that FICEMS member DHHS work with partner agencies to urgently act on the action items from the Roundtable and Summit which directly impact EMS wall times and delayed patient offload times.

- **Recommendation 3:** Request that FICEMS members NHTSA and DHHS request for AHRQ to expand the "Roundtable" to a longitudinal "Task Force" on the hospital boarding crisis to continue evaluating causal factors and the success of implemented action items to reduce EMS wall times and delayed patient offload times. Additionally, the NEMSAC respectfully requests that EMS stakeholders play a significant role on the Task Force for meaningful insight and contribution to both the causes and solutions for delayed APOT. Suggestions for appropriate stakeholders can be provided by the NHTSA Office of EMS.

Over the past several years, many EMS professional organizations have been leading the call for actionable change and to hold hospitals and receiving facilities accountable for this dilemma, but without success. The sense of urgency is rapidly increasing among EMS agencies and industry stakeholders as their ability to provide continuous emergency medical services for their community is becoming increasingly strained and compromised. The principal goal is the safety and best possible care for the patient, including the patients not yet contacted while awaiting EMS arrival at the scene of their emergency.

While the consequences of delayed offload times are seemingly simple to understand, the multitude of causes and potential solutions are admittedly complex and will require collaboration between local EMS jurisdictions and hospital leadership to definitively rectify this dangerous problem. With the acutely worsening crisis of EMS "wall times" negatively impacting multiple facets of EMS patient care and operations as well as public safety, we feel strongly that support from FICEMS will have a positive impact on addressing this urgent crisis.

Sincerely,

Brenden Hayden, BS, NRP
Chair, National Emergency Medical Services Advisory Council

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